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ABSTRACT

This paper calls attention to the current need for systematic diagnostic assessment in the secondary schools. The social organizational pressures of the secondary schools and the limited professional preparation of school psychologists to work with adolescents are cited as the two principle reasons why school psychologists have not provided substantial amounts of service to the secondary schools. A data-based screening system is proposed to actively identify students with probable special education needs, as well as those who require specialized services within regular education. Individual diagnostic assessment of handicapped adolescents is discussed in relation to a total intervention plan which addresses four instructional areas--academic, vocational, social, and personal. The rationale for, and description of, specific assessment procedures are presented for each of the four areas. Implications for future directions in training and the practice of school psychology with adolescents in the secondary schools are discussed. A descriptive, objective referral form that assesses students in terms of academic task areas, academic subject performance, pre-vocational/vocational performance, speech and language, and auditory perception is also included. (Author/JAC)

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Psychological Assessment in the Secondary Schools

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Introduction

The story teller is forced to take a point of view in relating what is to be said. The point of perspective for the inquiry to follow is that of a special educator and a school psychologist interested in developing and implementing secondary school programs for handicapped youth. Included in this population, are the increasing numbers of chronic-disruptive, norm-violating adolescents which represent a "danger within" our society which should be taken as seriously as international threats to our society. The cost in dollars for vandalism in the nation's schools is staggering. It is set at 8 million dollars for reported vandalism, while occurances such as window breakage frequently go unreported. They only constitute well over one-half million dollars expenditure, each year, in most of the major cities.

Yet, that is but half of the story. Violence against personal property and with the increased risk of personal injury is quite another issue. Senator Birch Bayh's report to a Special Congressional Subcommittee investigation on juvenile delinquency (February, 1977) read, "A ledger of violence is confronting our schools that reads like a casualty list from a war zone or a vice squad annual report." (p.5) Juvenile arrests account for 51% of all property crimes, 23% of all violent crimes, and 45% of other serious crimes. According to FBI statistics, more crimes are committed by youth under 15 than adults over 25. Data from the National Center for Educational statistics (1977) reveal that

73% of the nation's schools experience a major crime every 5 months. Indeed nearly one-half (49.13%) report more than one major crime in a single semester. The range from state to state includes a high of 77.9% in Florida, to a low of 25.5% in North Dakota. The national average of 6.8% punishable offenses per 1,000 enrollment figure is disconcerting by most any standard.

Today's youth does seem to be confronted by a specific set of issues which cluster around the success and failure they personally find in the nation's secondary schools. Adolescents represent a complex population living in a complexity of environmental circumstances. How much help are they obtaining from their high school programs? In a National Study, only 2% of the 17 year old high school students surveyed considered their school experience useful (Mitchell, 1979). The report from the Carnegie Council Policy Studies (Kerr & Roscow, 1979) estimated that one-third of today's youth are ill-educated, ill-employed, and ill-equiped to successfully compete in American society. How many of the secondary students failing academically or socially in the system are handicapped? National Center for Educational Statistics reports that 10.9% (1977-78) of the secondary school population are handicapped. How many are being served? The answer is a shocking 6.9% (NCES, 1977-78).

Benign Neglect

One point of view is that secondary aged handicapped youth have been entrapped by an uncaring profession, which harbors a rigid, protective self-serving practice, that insists secondary schools are a privilege, not a right. The truth of that statement is that the

drop-out rate has remained constant since compulsory school attendance began in 1760 in Massachusetts, approximately 17.9% to 23% of the total population (Kerr & Roscow, 1979). The only significant increase in drop-outs is in the inner-city schools, and with culturally, linguistically different populations. For example, the current drop-out rate for inner-city blacks is 35%, while latino's reach 45% (Kerr & Roscow, 1979). Most handicapped youth don't generally drop-out, indeed, they are "stopped out", and not asked back to school.

What then is the problem in the secondary schools? It is one of attitude. Many of the educators working there don't seem to like adolescents, who fail much. They tend to teach subjects; algebra, history, etc. or vocational skills, wood, metal, etc., they don't seem to teach youth. The result is that many leave school unskilled and with negative attitudes about self and life. Only 42% of the handicapped adult population are gainfully employed in contrast to 59% of the total population (Federal Register, September 25, 1978).

Where does the school psychologist fit into the picture? Generally, they may be described as reactive rather than active in providing services to handicapped youth. Most school psychologists have little specialized training for working with this population (Carroll, Bretzing, and Harris, 1981) and do not respond effectively to secondary school social organizational pressures. As a result less than 15% of the school psychologist's time is spent in the secondary schools (Hohenshil & Warden, 1977).

S-O-P

Social-organizational-pressures are those forces emulating from an established group, which tend to assign an acceptable role to new members. If new members do not respond favorably, they will initially meet passive sabotage. An example of passive sabotage is the yes, but syndrome. Yes, the person agrees with your service motives, but, then iterates one to one thousand reasons why (a) it won't work within this particular organization or (b) they can't comply in this case. Organizational truth always follows the but. Passive sabotage is the term sociologists use to describe the condition wherein compliance is low, for a policy or regulation. In practice, passive sabotage can only be controlled when procedures are clarified and become standard practices which must then be accomplished by the organization (Rogers, 1968). Within the organization, there is a remarkable capability to show patterns of resistance to change (Berelson & Stiener, 1964) and an ability to diffuse and neutralize well intentioned reform (Kein, 1976). Sociological research in education clearly evidences that the goals of the formal organization are seldom impacted by sweeping legislative mandates in the absence of local practices. Legislative mandates are insufficient to produce improvement in the competencies to perform better services (Bassuk & Gerson, 1978).

Secondary educators are and have not historically been committed to a full service model. PL 94-142 is a change requiring mandate. And as such, it and those identified with it, should expect resistence.

Structural changes involving realignments of decision making authority, with reallocation of budget, and program or curricula adaptions will be strongly resisted. The nature of the organization is to react to the preparation of IEP's, child find, team meetings, placement committee functions, as technical matters which are superficially treated.

The point is that most secondary school handicapped students remain unidentified. While service levels for previously unserved and under-served populations at the elementary level have jumped to a record 92% service level since PL 42-142, secondary service levels remain at less than 60%. (NCES, 1978-79) There is a clear need for a good gatekeeper, not a placement official, but a primary diagnostician, who specializes with adolescents and understands the secondary schools by performing a brokerage function in that organization.

Kramer and Nagle (1980) refer to the role and function of school psychologist in the secondary schools as "they have been involved in numerous projects". That description of a service delivery mode certainly seems descriptive in the multifacted review which follows. To wit:

- teaching high school psychology
- peer tutoring
- classroom management (whatever that is)
- consultation
- psychotheraputic - counseling intervention
- drug education
- community mental health service
- parent training
- vocational development and education

These are interesting roles, but are they useful in making a difference for youth in trouble.

The Systematic "Gatekeeper"

School psychologists have constantly engaged in the process of searching for a professional identity. Often it would appear they are more interested in role descriptions rather than actual productions. Literature in the field is volumnous in totaling the unique, and deplete in improving the usual-psychometrics. Indeed, a great deal of the criticism leveled toward school psychologists has been "...all they do is test". The interpretation of that criticism by school psychologists is to become unidentified with assessment. There appears to be a serious leap in logic. To test, is one thing, to ascertain and analyze learner characteristics is quite another. In the view of the writers, psychological assessment is a legitimate and bonified function of the school psychologist. However, a dependence on using scores which convert to diagnostic labels is not educationally useful. The two critical assessment questions the school psychologist should focus on are: 1) What is the most appropriate and beneficial placement for handicapped students and 2) what are the most desirable instructional approaches and procedures, implying behavioral management as an antecedent to instruction. Within this framework, formal test results are conceptualized as behavior samples, just as any other samples gathered by various techniques, and should be utilized, if they would promote placement and instructional bearing decisions. Informal assessment is highly desireable, as a procedure for establishing instruction, and as a criteria for referencing objectives to be validated in the

achievement of those goals which may be important to the handicapped students in secondary schools.

Assessment of adolescents is necessarily different from assessment of young children. For at the secondary level, adolescents should have an active autonomy and self-determination in planning their own educational progress. To assess them devoid of what is to be taught (the task) and the instructional environment (school setting) in which it is to be taught, is senseless. Therefore, the assessment procedure should contain three systematic aspects: 1) a description of learner characteristics, 2) a description of the interaction between task and learner, and 3) a description of the learner functioning in the environment.

The importance of these three phased assessment procedures becomes evidenced, when the four instructional goal areas are described. And it is critical, which means that there must be a strong rationale in evidence, if any of the four are overlooked. The four goals are: (1) Academic, (2) Vocational, (3) Social, and (4) Personal.

The psychological-educational-vocational diagnostician, or team, must (1) determine appropriate educational placement and (2) establish the specific educational or career objectives and enabling steps suited to the student instructionally for each of these goal areas. To begin this process a screening system is recommended. The function of this screening system is to identify potentially at-risk secondary school students, who have not been identified by their teachers or parents. A major difference between the secondary and elementary schools is that a referral system may be less effective in the secondary schools.

Elementary school teachers are more familiar with their students in self-contained classes. The small size of the elementary school classroom, opposed to the larger secondary classroom, tends to increase communication. The fact that all elementary teachers generally teach the same subjects, also enhances observational capability across several tasks and possibly environmental areas. Secondary school teachers, on the other hand, generally teach one academic subject, and see a student in a fairly controlled environment for 45 minutes. Not usually a good situation upon which to make referrals to a school psychologist. Therefore, a screening system is recommended.

Screeening Process in the Secondary Schools

As in any other settings, the screening process in the secondary schools is designed to identify students who should receive further diagnostic assessment. In the name of efficiency, a secondary school screening system should be built around the existing school records. A systematic review of these records would enable the screening team to determine which youth are failing one or more academic subjects, those displaying longstanding academic difficulties, those exhibiting higher frequencies of unusual behaviors, and those with high rates of absenteeism or truancy. Information on group tests which have already been administered (within one semester of the review of school records) also are useful. The screening team may review the information and identify students who score at or below the 30th percentile on a group academic test. Likewise, the school records may be surveyed to identify

adolescents who are functioning below the 20th percentile on group learning aptitude measures. To insure that students with behavioral disorders are located, the administration, of a behavior checklist may be employed to small groups of students and their teachers.

Since the school records provide the essential database for the screening process, the person or screening team collecting such data from school records should be assured that (1) the data were recently obtained or updated, within 6 months, (2) the group tests were the most reliable, age and culture sensitive devices available, and (3) the tests were administered and scored according to standardized procedures. The school psychologist, working with the school counselor, may contribute to the development and organization of the group testing programs in the secondary schools.

The initial review of the school records, thus, will produce a large pool of undifferentiated students with some type of difficulty, or representing an academic at-risk population. The task for the screening team then is to carefully determine <u>whether</u> a student should be further <u>referred</u> for special educational consideration (meaning diagnostic individual assessment) <u>or</u> whether regular education can fulfill the student's educational needs. Several factors should be considered in this decision-making process.

It is necessary (and by design) that a screening process overly identify students. The over identification is a safety precaution because of the many flaws usually existing in a screening system. However,

it is also imparative to eliminate, as much as possible, the undue time and effort spent by the school pscyhologist and the other multi-disciplinary team members on inappropriately identified or referred cases. The goal of the screening process, therefore, is to identify all true positives (youth who are in fact handicapped), eliminating all false positives (those who are not handicapped). In order to achieve this goal, two critical procedures are recommended. First, multi-dimensional criteria should be carefully established for the purpose of selecting potentially handicapped youth with special needs, from the large pool of undifferentiated students identified from the initial review. That is, information concerning a student's functioning in academic, cognitive, and social apsects must be considered simultaneously along with environment background data. Local norms and available resources in special education are important factors in developing the screening criteria for a particular school district. Second, effective consultation must be established and maintained between the screening team members and the regular and special education teachers in the secondary schools. Since the screening data are usually incomplete and, sometimes, less than reliable, the screening team may need to rely upon the teachers for first hand information concerning a student's "suspected" problems before forming a referral decision. Available research generally supports teacher information added to the screening process. The school psychologist may play an important role in facilitating the consultation process by providing teacher inservice sessions regarding

characteristics of handicapped youth and criteria for identifying youth with special needs. Figure 1 provides an example of an academic task and behaviorally descriptive (objective) observational form for use in the secondary school screening process.

Insert Figure 1 about here

Thus, the screening process would over identify a group of students with average or better intelligence who are failing academically (learning disabled); a group who are below borderline in cognitive ability (educable or mildy mentally impaired), and a group who are overly agressive, passive, drawing attention to themselves for reasons related to school adjustment (behavioral disorders). In addition, youth may be screened because they are failing selected subjects, truant, or display educational handicaps. Obviously, screening procedures like the ones just described are not fool proof, in fact, as mentioned earlier, they are designed to over-refer. Nevertheless, the more refined the screening process, the greater the degree to which over-referral to the more expensive diagnostic steps can be eliminated.

Assessment Practices

The differences between screening and assessment are well-documented in the professional literature. Screening data does not describe human performance in a refined or specific manner. The decision made on the basis of the compilation of screening data can contribute to, but does not render a diagnosis. A diagnosis and the all important Individual

Educational Plan (IEP), are made by the people who interpret observational data, ascertained from the interaction of students and task. Students formally identified by the screening process should always receive individual diagnostic assessment by a mutlidisciplinary team.

There is a significant difference in the desired outcome of assessment practices for elementray, as opposed to, secondary students. The major point of that difference is the recognition that adolescent youth are seeking self-reliance and are therefore quite capable of self-determination. In practice that interprets as a search for their interests in planning and developing their educational and vocational pursuits. A school psychologist may begin a conversation with a pre-adolescent student by asking about his/her favorite TV show. With adolescents, it may be more productive to explain the purpose of the assessment and request their help in making it meaningful. In order to make the assessment results more valid and sensitive to the student's needs, it is advisable for the adolescent youth to play an active and responsible role in the assessment process (Fischer, 1970). For example, the student can work with the school psychologist in planning the assessment, interpreting the findings, formulating recommendations, etc. The emphasis in the assessment of secondary school youth lie not only on finding the problems and suggesting recommendations for the student, but also on helping the student to realize, accept, and adopt action programs for intervention. To accomplish this end, the school psychologist requires sophisticated competencies in both assessment and consultation with adolescent youth.

Assessment for Academic Remediation

The search for academic skills begins with two basic diagnostic questions (1) what is the student's current level of achievement in comparison to his/her expected level of academic preparedness, and (2) what are the specific academic deficits which require remediation. There is no short cut to determining reading, math, science, or social studies skill levels. Individually administered achievement tests (e.g. Peabody Individual Achievement Test, etc.) and diagnostic tests in specific subject matters (e.g. Woodcock Reading Mastery Test, etc.) represent some of the major instruments in the field. Recently, there has been an increased use of criterion-referenced devices in special education. Criterion-referenced tests of achievement are effective in generating specific educational objectives for remedial purposes and should be used at the secondary school level. Informal evaluation procedures such as diagnostic teaching are useful in identifying specific skill deficits and finding the most desirable instructional mode for remediation. In addition, specific academic interest should be clarified through assessment.

For the purpose of academic remediation, two additional types of assessment information are important. These are: (1) learning aptitude - what is the student's ability to learn, and (2) achievement motivation - what is the student's need to achieve in the academic setting. An understanding of a student's ability level is useful in determining the level at which he/she can be expected to learn successfully, given no

other interference of course. Methods for operationalizing the "learning expectancy level" concept using the aid of intelligence test results have been reported in the professional literature (e.g., Bond & Tinker, 1967). Individual intelligence tests with strong empirical factorial support, such as the Wechsler Intelligence Scale for Children - Revised (WISC-R) and the Wechsler Adult Intelligence Scale - Revised (WAIS-R) can be used for assessing basic intellectual abilities of adolescent youth. It should be noted, however, that the emphasis on the use of these instruments should be more to devise diagnostic meaningful information than to simply obtain an IQ score. Moreover, with the increase of the age of the student on the secondary school level, the use of multiple learning aptitude tests which have a more specific focus - verbal reasoning, numerical reasoning, reading comprehension, abstract thinking, information, etc. - also become more important. Finally, assessment of cognitive style which emphasizes the manner and form of processing information (Kogan, 1971) should be included whenever possible.

Many secondary school students having academic difficulties demonstrate low academic motivation. Handicapped adolescents with long involved histories of school failure tend to lose their personal perspective on their capabilities to learn and succeed. The term "learned helplessness" has been used to describe the phenomena of extreme loss of motivation to achieve. Motivation as a theoretical construct to explain achievement drives dates back to the 1950's (McClelland, Atkinson, Clark, and Lowell, 1953). Most developmentalist (Pusser &

McCandless, 1974) theorize that experiences in being successful, or generalizations of the fear of failure due to consistent non-completion or non-competitiveness contribute to the child's attitude toward self as an achiever. The attribution model of achievement motivation postulates that perceived stability of a cause is the critical determinant of the expectancy of success. The student experiencing a low need to achieve believes their failure to be caused by low ability levels and task difficulty, both of which are beyond their control. Obviously, a careful analysis and understanding of an adolescent's level of motivation in relation to various academic tasks will contribute considerably to the development of remedial strategies. Interviews, self-report inventories, as well as selected methods in behavioral technology (e.g., reinforcement survey) are some suggested procedures for the assessment of academic motivation in secondary school students.

In planning for remediation, it is important to determine what enabling steps can solve academic deficiencies in a hurry. An example, is a pocket calculator if mathematic calculation problems exist. Again, very careful awareness, of the delicate balance between wanting to achieve and having given up (learned helplessness), should be fully explored. A remedial plan cannot be developed if the student has lost all incentive value for achieving academic skills. Histories of previous remediation are important, if the student has experienced years of remediation and an equal number of years of failure, it is predictable that their tolerance for remediation will be quite low.

If the student believes academic learning to present a no win situation, it will indeed.

Assessment for Prevocational and Vocational Education

Until recently school psychologists have not devoted much attention to the entire area of vocational assessment and education (Goh, Teslow, and Fuller, 1981). As an increased emphasis is being placed on vocational and prevocational education of handicapped students, the school psychologist assumes an important function in developing assessment strategies to faciliate the vocational education of youth with special needs. Vocational assessment begins by determining work preparedness and the attitude of the student toward the world of work. Many youth when asked, what jobs they would like to learn, will not respond because they are uninformed about vocational possibilities. Therefore, it becomes rather important to first determine the types of work experiences and job information the student has been provided in the past (awareness level).

Assessment for vocational planning and education can be conceptualized at two levels: prevocational and vocational. Prevocational assessment focuses on the evaluation of basic functioning skills each student must have before entering a specific vocational education program. It is particularly important for the handicapped youth. The concept is that these basic skills are essential for a handicapped student to be able to learn the performance activities of a vocational task. Prevocational assessment usually includes three different aspects: psychomotor (gross motor, fine motor, perceptual/sensory), cognitive (language arts,

quantitative, comprehensive), and social (health and hygiene, personal and emotional, home responsibility, school responsibility) (VESEP II, 1976).

Vocational assessment is broader in scope than prevocational. It is aimed to determine the more appropriate vocational placement and training for the student. Vocational assessment is classified into two types: (1) static or regular psychological assessment and (2) dynamic, or the evaluation of the student's actual work performance in a number of different tasks and settings. Typically, static assessment of learner characteristics is through psychometric procedures and include analysis of the following: cognitive skills, sensory-motor skills, specific vocational aptitudes and interests, and attitude and work related behaviors. The school psychologist can make important contributions in the assessment and consultation of these areas.

Dynamic assessment is the assessment of the all important work behaviors in the actual situation. Few employees experience employment difficulty because of inadequate job skills. The principle reason for job difficulty are poor job related social-personal behaviors, i.e., failure to relate to other employees, a poor reaction to instruction, anti-social or disruptive behaviors, limited peer relationships in group situations.

Dynamic assessment, including job information analysis, work station analysis, etc., is usually performed by work study coordinators, vocational evaluators, or vocational educators but then too, it maybe performed by vocationally sensitive psychologists in many settings.

Assessment for Social and Personal Enhancement

In order to conserve journal space, and meet the reality of manuscript page limitations, assessment of social competence and personal development are combined together in this section. In the view of the writers, a break with traditional personality assessment in the schools is in order. The school pscyhologist works in an environment that cannot afford extensive personal restructive therapy, and wherein the major medium for behavioral change is the instructional curricula. In the face of those facts, there are a definitive number of social-personal skills which should be examined because they are highly related (Purkey, 1970) to academic and vocational achievement. Furthermore, their growth can be secured through traditional curricula practices if objects and enabling steps are so constructed.

Social skills are age and role (setting) specific. For secondary school handicapped students social skills can be defined as the interpersonal and academically-relevant social behaviors that enhance the effective adjustment of a student in a school setting. These may include positive interaction with peers, compliance with authority demands, self-control or discipline, participation and cooperation in group activities, displaying socially approved behaviors, and the like. Cartledge and Milburn (1978) indicated that inadequate social skills are related to delayed cognitive development and impaired academic performance. In a survey of recent literature, Gresham (1981) concluded that social skill deficits are related to a high level of peer rejection in handicapped populations such as the mentally impaired, the learning disabled, and the emotionally disturbed. Much research on the assessment

of social skills are done with adults or children, few with adolescent population. Most assessment procedures have been developed within behavioral frameworks. These include naturalistic observation, rating scales, self-report, and interview. The major merit of the behavioral assessment approach is that assessment and intervention are closely tied together. Typically, assessment involves obtaining samples of the student's behavior in various settings. And relevant environmental influences are taken into account in analyzing the behaviors and in developing the intervention programs (Sprafkin, 1980). Sociometric techniques represent another approach to the assessment of social skills. Typical procedures include peer nomination measures and peer-rating scales. However, the sensitivity of these procedures seem inadequate for use as selection and outcome measures in social skill intervention (Grasham, 1981).

Personal development as a generic construct deals with the emotional and affective aspects of behavior. Optimal personal development normally involves self-understanding, self-acceptance, and self-realization and actualization. Adolescents experiencing difficulties in personal development may display behaviors indicative of anxiety, negative feelings, emotional maladjustment, depression, etc. Severe difficulty in this area would reduce a student's effectiveness in social adjustment and interfere with his/her academic and cognitive functioning. It is essential that assessment of personal development includes investigations on both (1) how a student views him/herself and interacts with his environment and (2) what strategies are needed to help the student to adopt more desireable views of him/herself as well as interaction patterns of the

environment. The personal development areas of handicapped youth needing examination are:

(1) Self-concept, which by definition should be the negative to positive continuum of feelings for self in response to a given task in some specific environment. Most available tests of self-concept provide valuable responses to specific questions which provide overviews for serious exploration by the examiner. Unfortunately, the quantitative scores derived from these tests are less useful.

(2) Self-realization, is an aspect of the adolescent search for independence which is highly overlooked. The most revealing aspect of self-realization is in the decision-making process. Self-realization is the belief in ones capability to make the most appropriate decision, balancing internal personal values with realistic consequences. There are no commercial procedures available to assess this process. The assessment task generally requires the student to identify a decision of concern, and then walk through the decision making process. It is impossible to discuss the mechanics of decision making in the absence of personal values. And it is difficult to discuss personal values without exploring the range of feelings they generate in the student. Diagnostic exploration of self-realization bring the students values into focus. Work related values should lead to vocational counseling.

Summary

Throughout the paper we have pointed out the need for systematic psychological assessment of handicapped youth in the secondary schools. This need cannot be fulfilled by rigidly applying the assessment model that typically have been employed in the elementary schools. Psychological

assessment at those two levels of education differs considerably in both nature and scope of service to be provided. Indeed assessment, as well as other specialized service delivery at the secondary school level represent a serious challenge to the profession of school psychology. Unfortunately, many school psychologists are not prepared with specialized training to work with this age population (adolescents). Certainly, the attitude of the secondary school and its lack of resources have not created a social organizational environment conducive for the school psychologist.

We believe that assessment practices in the secondary schools must be built around the four major instructional goals (academic, vocational, social, and personal), with subsequent remedial intervention being the necessary results of assessment. The systematic screening and assessment procedures we have recommended also recognize the importance of prevention and consider consultation as an integral part of the assessment process. Handicapped youth are clearly underserviced in the nation's secondary schools. Special educators badly need the diagnostic help of the school psychologist in the secondary schools. Until more productive and effective identification on assessment procedures occur, we will continue to have test scores only, and then rarely on secondary school students.

Finally, we suggest that current training programs carefully examine all aspects of service delivery at the secondary school level, and include in their curricula and practicum experiences those competencies necessary for working with the adolescent population. Particularly important are the psychological theory and procedures which would enable the school psychologist to drive hypotheoretical explanations of behavior for this age group. Perhaps, school psychology can be defined as a

general term for a professional psychologist working in the educational environment, utilizing curricula flow as the medium for student self-actualization in relationship to task and environment. If so, one idea for the preparation of these professionals, is to have them specialize with age sensitive populations based on the belief that human development makes significant changes at critical periods.

Figure I

Descriptive (Objective) Referral Form

Please indicate the grade level at which you feel this youth is functioning. Keep in mind his (her) age and the level of his (her) fellow students. Place an X in the appropriate box.

	Grade Level Performance									
	Below 4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12
A. ACADEMIC TASK AREAS										
1. Arithmetic reasoning										
2. Arithmetic computation										
3. Word recognition										
4. Word meaning										
5. Reading comprehension										
6. Spelling										
7. Handwriting										
8. Written expression of thought										
9. Oral expression of thought										
B. ACADEMIC SUBJECT PERFORMANCE IN:										
10. General Math/Algebra										
11. English										
12. History/Government										
13. Science/Biology										
14. Is motivated to learn academic skills										
C. PRE-VOCATIONAL/VOCAL PERFORMANCE										
15. Has specific job skills										
16. Is motivated to learn vocati vocational skills										
17. Wood shop/Metal shop										
18. Home Ec./Food Management										
19. Consumer Education										

D. SPEECH AND LANGUAGE	Never displayed	Seldom displayed	Frequently displayed
20. Comprehension of verbal directions or explanations			
21. Speech intelligibility (articulation			
22. Problems in language usage			
E. AUDITORY PERCEPTION			
23. Ability to discriminate between similar sounding letters and words			
24. Ability to remember verbal directions			
25. Ability to associate meaning with appropriate auditory stimulus			

Figure I (Con't.)

F. VISUAL PERCEPTION	Never Displayed	Seldom Displayed	Frequently Displayed
26. Ability to discriminate between similar visual stimuli			
27. Retention of visual images (letters and words)			
28. Ability to associate meaning with visual stimuli			
G. SOCIAL - PERSONAL			
29. Overly Agressiveness - tendency toward anti-social and/or hostile behaviors			
30. Overly withdrawn behavior - passivity			
31. Dramatic modd changes - unpredict-ability of mood swings			
32. Dramatic depressive behavior - anxiety; fear and morbid thoughts			
33. Hypoactivity - tiredness, low energy level, asthenic			
34. Hyperactivity - tendency to be easily distracted - off task			
35. Maintains negative self-concept in relationships with other people			

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